

Name
in
Full

Mollie Blanch Baker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town		<i>Washington</i>		County		MARYLAND	
Date of death <i>1910</i>		Month <i>4</i>		Day <i>29</i>		Age <i>29</i>		Years <i>4</i> Months <i>15</i> Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>					
Occupation <i>House work</i>				Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband							
Father's Name <i>Frederick D Baker</i>		Father's Birthplace <i>Md</i>							
Mother's Maiden Name <i>Mary A Barlow</i>		Mother's Birthplace <i>Md</i>							
Name of person giving information <i>Mary A Baker</i>		How related to deceased <i>Mother</i>							

CAUSES OF DEATH

28

PHYSICIAN
OR CORONER

Primary	<i>Subcellularis</i>	How long	<i>about a year</i>
Immediate	<i>Exhaustion</i>	How long	<i>several months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>O. H. W. T. T. T. T.</i>	
		Address <i>Hagerstown Md.</i>	
Accident or Suicide? <i>No</i>			

L. M. Watkins



Name
in
Full

B. F. Barnhart.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Diad at Pondsville Town Harrison County MARYLAND

Date of death 1900 Month 4 Day 14 Age 16 Years 2 Months 14 Days

Sex Male Color or Race White Birth-place Camtown

Occupation Labourer Where Residing if not at place of death Pondsville

Married, Single or Widowed Single Name of Wife or Husband None

Father's Name D. G. Barnhart Father's Birthplace Leitersburg

Mother's Maiden Name Margaret V. Frey Mother's Birthplace Leitersburg

Name of person giving Information D. G. Barnhart. How related to deceased Father

CAUSES OF DEATH

(47) How long

Primary

Acute Articular Rheumatism 8 weeks

Immediate

Acute Endocarditis one day

Are the name, age, sex, color, data and place correctly given above?

yes

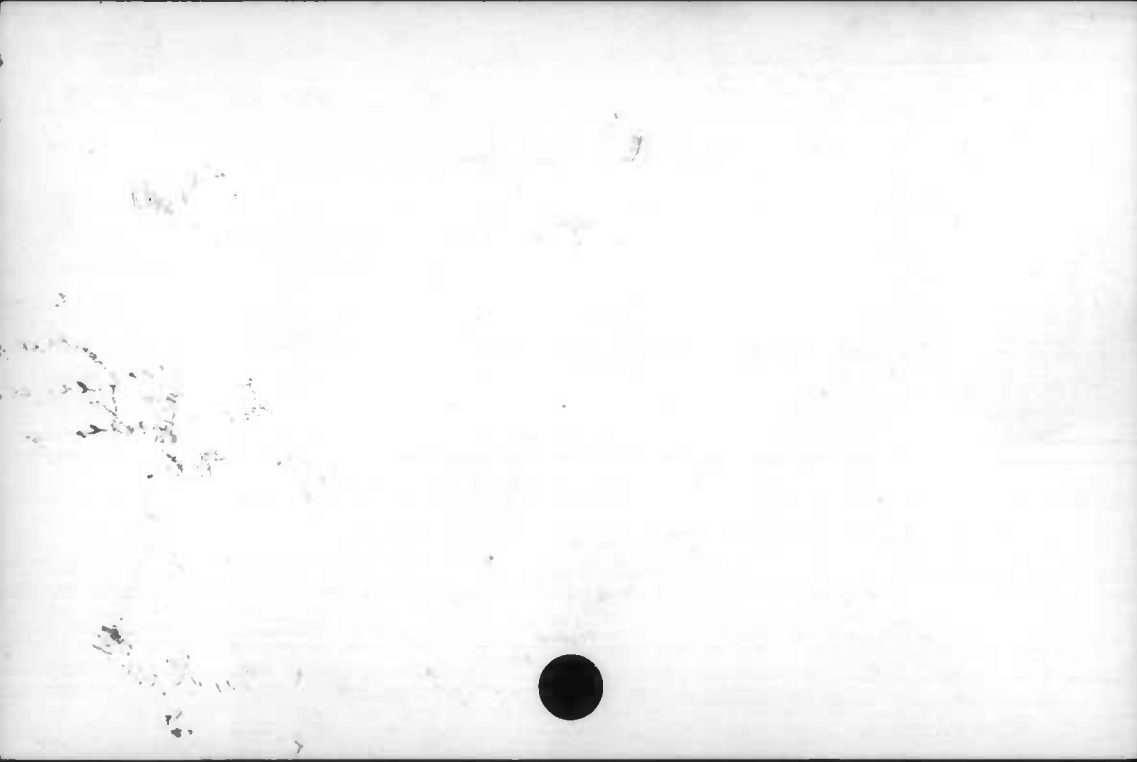
Signature of Physician

Address

Dr. M. K. Kefauver
Smithsburg
Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Adelle M Beard

Town

County

MARYLAND

Died at *Hagerstown*

Washington

Date

of death

1907

Month

4

Day

4

Age

Years

Months

3

Days

14

Sex
Occupation

Female

Color or
Race

White

Birth-
place

Md

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Karl A. Beard

Father's
Birthplace

Md

Mother's
Maiden Name

Elberta Walz

Mother's
Birthplace

Pa

Name of person giving
Information

Karl A. Beard

How related
to deceased

Father

CAUSES OF DEATH

Primary

Marasmus.

How long

6 wks

Immediate

Exhaustion

How long

1 or 2 hours.

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

F. H. Hoffmeier
17 N Wash. St.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

L. M. Watkins

Name
in
Full

Annie Mary Benson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Longo ^{Town} Washington ^{County} MARYLAND
Date of death 1900 ^{Month} 04 ^{Day} 27 Age 19 ^{Years} 4 ^{Months} 02 ^{Days}
Sex Female Color or Race Colored Birth-place Samplers Manor
Occupation None Where Residing if not at place of death _____

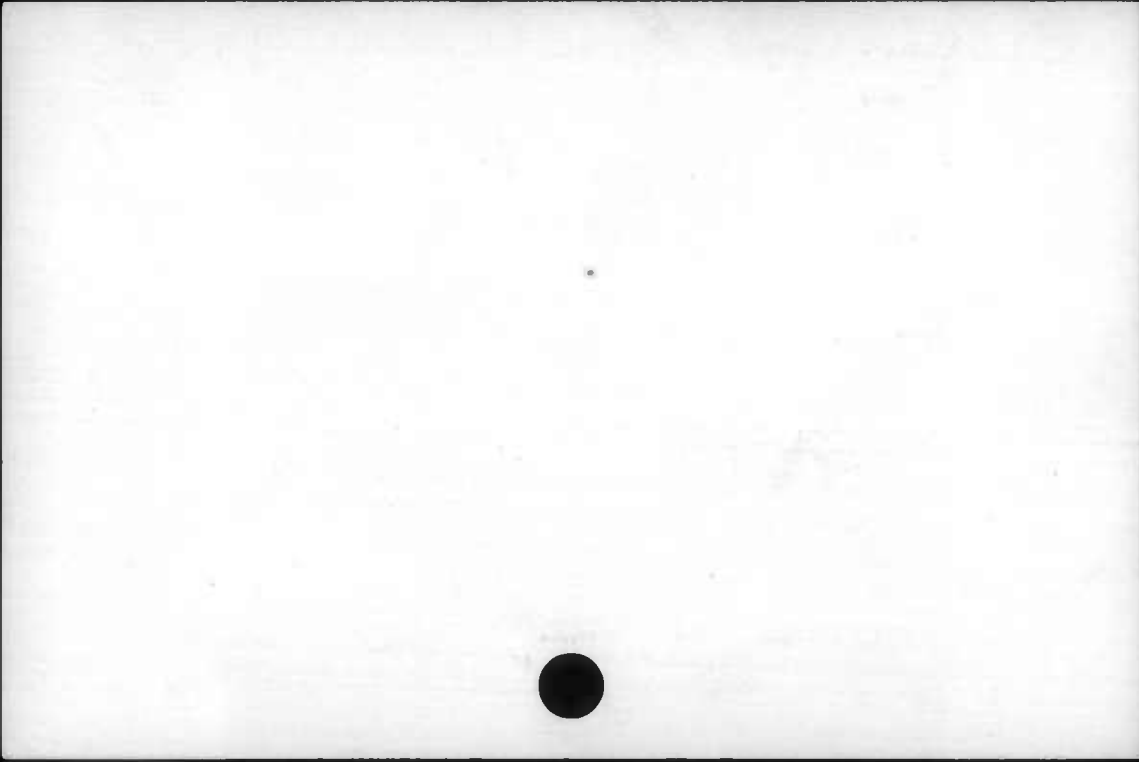
Married, Single or Widowed Name of Wife or Husband _____
Father's Name Howard Benson Father's Birthplace Frederick City
Mother's Maiden Name Sarah E. Jones Mother's Birthplace Frederick City
Name of person giving Information Howard Benson How related to deceased Father

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary Mitral Incompetency How long 4 years
Immediate Acute Dilatation of Heart How long 7 days
Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician Richard H. Rice, M.D.
Address Keedysville
Accident or Suicide _____



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MAYLAND	
Date of death		Month	Day	Age	Years	Months	Days
19/0		4	17	64		10	15-
Sex	Color or Race		Birth-place				
Female	White		Md				
Occupation	Where Residing if not at place of death						
House work							
Married, Single or Widowed	Name of Wife or Husband						
Married	William Benchoff						
Father's Name	Father's Birthplace						
J K Oswald	Md						
Mother's Maiden Name	Mother's Birthplace						
Lydia Spessard	"						
Name of person giving information	How related to deceased						
William Benchoff	Md						

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Mitral Regurgitation	How long	Five years
Immediate	Mitral Insufficiency Dropsy	How long	8 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Clara S. Corley	
		Address	
		Hagerstown Md.	
Accident or Suicide?			

Luzerne

Dr. Emily

Southbury

A. H. Coffman

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1910		4	21	64		5	4
Sex		Color or Race		Birth-place			
male		white		Penna			
Occupation				Where Residing if not at place of death			
Saloon Keeper							
Married, Single or Widowed		Name of Wife or Husband					
married		Harriett Bollinger.					
Father's Name		Father's Birthplace					
Daniel Bollinger		Penna					
Mother's Maiden Name		Mother's Birthplace					
Elizabeth Leamer		Penna.					
Name of person giving information		How related to deceased					
Myrtle Bollinger		daughter					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Chronic Nephritis	How long	Don't know
Immediate	Heart Failure	How long	Instant
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Dr. Daniel G. Waikens	
		Address	
		Hagerstown Ind.	
Accident or Suicide?			

L.M. Senter and Son

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Fannie Bond

Town

County

MARYLAND

Died at Hagerstown

Washington

Date of death 1960 April

Month

Day

Age 18

Years

Months

Days

20

Sex Female

Color or
Race

white

Birth-
place

Md.

Occupation

book

Where Residing if not
at place of deathMarried, Single
or Widowed

single

Name of Wife or
HusbandFather's
Name

David Bond

Father's
Birthplace

Dont Know

Mother's
Maiden Name

Susan Ingram

Mother's
Birthplace

Md

Name of person giving
Information

Jac. A. Ziegler

How related
to deceased

none

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

How long

Eight months

Immediate

Exhaustion

How long

24 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

David C. Watkins

Address

Hagerstown Md.

Accident or Suicide

L. M. Watkins

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

unmarried Child of *Hughy T Brown*

Town *Hagerstown* County *Washington*

Died at *Hagerstown*

Date of death *1900* Month *4* Day *19* Age *—* Years *—* Months *—* Days *—*

Sex *Female* Color or Race *White* Birth-place *MD*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Hughy T Brown* Father's Birthplace *Pa*

Mother's Maiden Name *Annie Cunningham* Mother's Birthplace *Pa*

Name of person giving information *Hughy T Brown* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Premature death* How long *8* ✓

Immediate *still born* How long *—*

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician *George L. Everhart*

Address *27 W. Franklin St
Hagerstown Md.*

Accident or Suicide? *—*

Rose Hill

Watkins

L. M. Watkins

Name
in
Full

Frank Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at **Hagerstown**

Town

Washington

County

MARYLAND

Date of death **10 April**

Month

Day

16Age **about 65**

Years

unknown

Months

unknown

Days

Sex **Male**Color or
Race**Negro**Birth-
place**unknown**

Occupation

LaborerWhere Residing if not
at place of death**Garlinger, s stable**Married, Single
or Widowed**Unknown**Name of Wife or
Husband**Unknown**Father's
Name**Unknown**Father's
Birthplace**Unknown**Mother's
Maiden Name**Unknown**Mother's
Birthplace**Unknown**Name of person giving
information**Thos. H. Barber**How related
to deceased**not related**

CAUSES OF DEATH

56

PHYSICIAN
OR CORONER

Primary

Drunkedness

How long

Several days

Immediate

Toward dead

How long

suddenAre the name, age, sex, color, date
and place correctly given above?**Yes**Signature of
Physician**Elinor W. Hattie Schingler**

Address

Hagerstown, Md

Accident or Suicide?

Judge North

Baltimore

or by mail

A. K. Coffman

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Margaret Jane Bush
Town County

Died at Williamsport Washington

MARYLAND

Date of death 1910 April 30th Age 64 Months 6 Days 8

Sex Female Color or Race White Birth-place Haneytown

Occupation Housekeeper Where Residing if not at place of death

Married, Single or Widowed Widow Name of Wife or Husband David E. Bush, Deceased

Father's Name Daniel Snowell

Father's Birthplace Haneytown Md.

Mother's Maiden Name Hall

Mother's Birthplace Haneytown Md.

Name of person giving Information Chas. W. Bush

How related to deceased Son

CAUSES OF DEATH

How long 40 Days
How long 2 years
How long 2 weeks.

PHYSICIAN
OR CORONER

Primary Cause of Stomach
Immediate Exhaustion

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician Dr. Richardson
Address Williamsport Md.

Accident, or Suicide No.

Williamsport, Md. May 2^d 1910.
Interment in River View Cemetery.
By J. F. Kreps. Undertaker.

Name
in
Full

Lousetta E. Barty

CERTIFICATE OF DEATH

Town

County

Died at

Hagerstown

Washington

MARYLAND

Date

of death

1900 4 13

Age

29

Months

2

Days

2

Sex

Female

Color or
Race

White

Birth-
place

MD

Occupation

Housewife

Where Residing if not
at place of death

—

Married, Single
or Widowed

Married

Name of Wife or
Husband

Clara M. Barty

Father's
Name

Jacob Turner

Father's
Birthplace

MD

Mother's
Maiden Name

Letha Silvers

Mother's
Birthplace

MD

Name of person giving
Information

Clara Barty

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis
Slight

How long

2 years

Immediate

How long

3 weeks

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

A. E. Hoff
Hagerstown
MD

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

L. M. Watkins

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John Colis</i>		Town <i>Hagers town</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Hagers town</i>		Month <i>April</i>		Day <i>30</i>		Years <i>40</i>	
Date of death <i>1970</i>		Month <i>April</i>		Day <i>30</i>		Years <i>40</i>	
Sex <i>male</i>		Color or Race <i>colored</i>		Birthplace <i>VA</i>			
Occupation <i>Submar</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Mary Butcher</i>					
Father's Name <i>not known</i>		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving Information <i>William Brown</i>		How related to deceased <i>friend</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>breast</i>	How long	<i>about 6 weeks</i>
Immediate	<i>Gangrene of foot & candida</i>	How long	<i>1 week</i>
Are the name, age, sex, color, data and place correctly given above? <i>yes</i>		Signature of Physician <i>A.B. Wilson</i>	
		Address <i>243-n. Jonathan St Hagers town Md.</i>	
Accident or Suicide <i>no</i>			

S. E. Ford

Name
in
Full

Barbara A. Conner

CERTIFICATE OF DEATH

Died at ^{Town} Hagerstown ^{County} Washington

MARYLAND

Date of death 19 ^{Month} 10 ^{Day} 4 ^{Years} 18 ^{Age} 58 ^{Months} 7 ^{Days}

Sex Female Color or Race White Birth-place Md

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Widowed Name of Wife or Husband Joseph Conner

Father's Name Charles Kumberger Father's Birthplace Pa

Mother's Maiden Name Mary Monroe Mother's Birthplace Md

Name of person giving information Agnes Marwen How related to deceased Daughter

CAUSES OF DEATH

42

Primary Carcinoma cervix uteri and rectum

How long 6 mos ±

Immediate Intestinal obstruction (paralytic)

How long 6 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician Eugene W. Smith, Jr.

Address Hagerstown, Md.

Accident or Suicide? no

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

L. Hatherins
Rose Hill

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town

County

MARYLAND

Died at Beonsboro

Washington

Date

Month

Day

Years

Months

Days

of death

1900 April

19th Age 88

Sex

Male

Color or
Race

White

Birth-
place

Maryland

Occupation

Tailor

Where Residing if not
at place of deathMarried, Single
or Widowed

Widower

Name of Wife or
Husband

Elvira Danner

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
Information

Mrs. D. Meltzer

How related
to deceased

Daughter

CAUSES OF DEATH

164

How long

Primary

General Debility Old age -

Immediate

Fracture of hip joint.

How long

8 weeks -

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

W. C. Wheeler M. D.

Address

Beonsboro
Washington Co.

Accident or Suicide

PHYSICIAN
OR CORONER

Buinig + Bast

Undertakers



Name
in
Full

Anna M. Davis

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Bakersville

Wash

Date

Month

Day

Years

Months

Days

of death

1901 10 Apr.

26

Age

62

2

2

Sex

Female

Color or
Race

White

Birth-
place

Maryland

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Josiah Davis

Father's
Birthplace

Maryland

Mother's
Maiden Name

Eliza McCauley

Mother's
Birthplace

Maryland

Name of person giving
Information

Melvin Davis

How related
to deceased

Nephew

CAUSES OF DEATH

154

Primary

Imbecility

How long

60 yrs

Immediate

Senility

How long

3 yrs

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

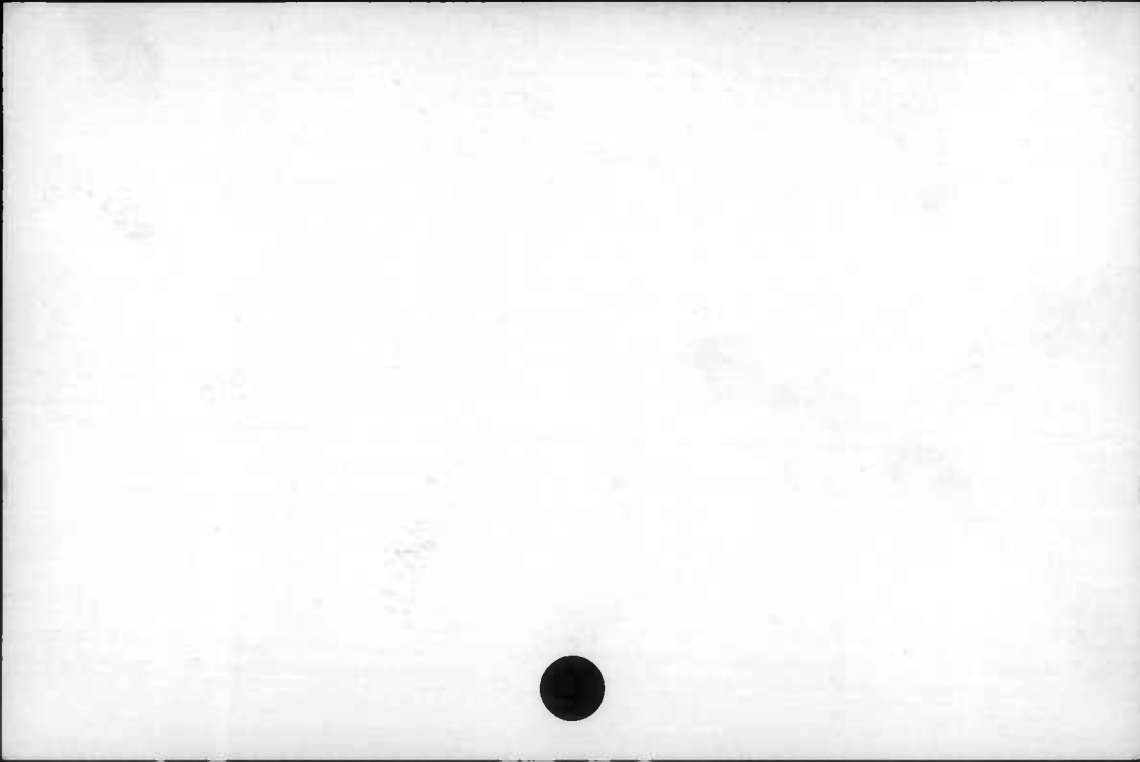
Address

V.M. Reichard
Fair Play.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bissell</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death	<i>1910</i>	<i>4</i> ^{Month}	<i>23</i> ^{Day}	Age <i>59</i> ^{Years}	<i>2</i> ^{Months} <i>7</i> ^{Days}
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Birth-place	<i>MD</i>				
Occupation	<i>Wheel Right</i>		Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Martha E Baker</i>	
Father's Name	<i>Henry Dayhoff</i>			Father's Birthplace	<i>MD</i>
Mother's Maiden Name	<i>Leona Bender</i>			Mother's Birthplace	<i>Leona Bender</i>
Name of person giving information	<i>Martha Dayhoff</i>			How related to deceased	<i>Wife</i>

CAUSES OF DEATH

(93)

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>20 days</i>
Immediate	<i>Heart Failure</i>	How long	<i>3 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>C. J. Wmings</i>
		Address	<i>Frederick</i>
Accident or Suicide?	<i>No</i>		<i>MD</i>

Bissel

L. M. Watkins

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Hammond Armstrong Downin</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Hagerstown</i>		Month <i>4</i>		Day <i>14</i>		Years <i>42</i>	
Date of death <i>1910</i>		Month <i>4</i>		Day <i>14</i>		Age <i>42</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>		Months <i>1</i>	
Occupation <i>Arterian Wall Sigger</i>		Where Residing if not at place of death				Days <i>17</i>	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Martha J. Prober</i>					
Father's Name <i>Jacob Downin</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Harriett Widoro</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>Martha J. Downin</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Bright's Disease</i>	How long <i>6 mons</i>
Immediate <i>Uraemic Poisoning</i>	How long <i>12 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. P. Stauffer</i>
	Address <i>Hagerstown, Md</i>
Accident or Suicide? <i>No</i>	

L Watkins
Rose Hill

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death <i>1910</i>	<i>4</i> ^{Month}	<i>24</i> ^{Day}	<i>6</i> ^{Years}	<i>6</i> ^{Months}	<i>6</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Md</i>		
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed _____			Name of Wife or Husband _____		
Father's Name <i>Noah H Graden</i>			Father's Birthplace <i>Pa</i>		
Mother's Maiden Name <i>Maggie Robertson</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>John Robertson</i>			How related to deceased <i>Grandfather</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Broncho Pneumonia</i>	How long <i>6 Days</i>
Immediate <i>Heart Failure</i>	How long _____
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. E. Pittsinger</i>
	Address <i>Hagerstown Md</i>
Accident or Suicide?	

Rose Hill

L. M. Watkins

Name
in
Full

CERTIFICATE OF DEATH

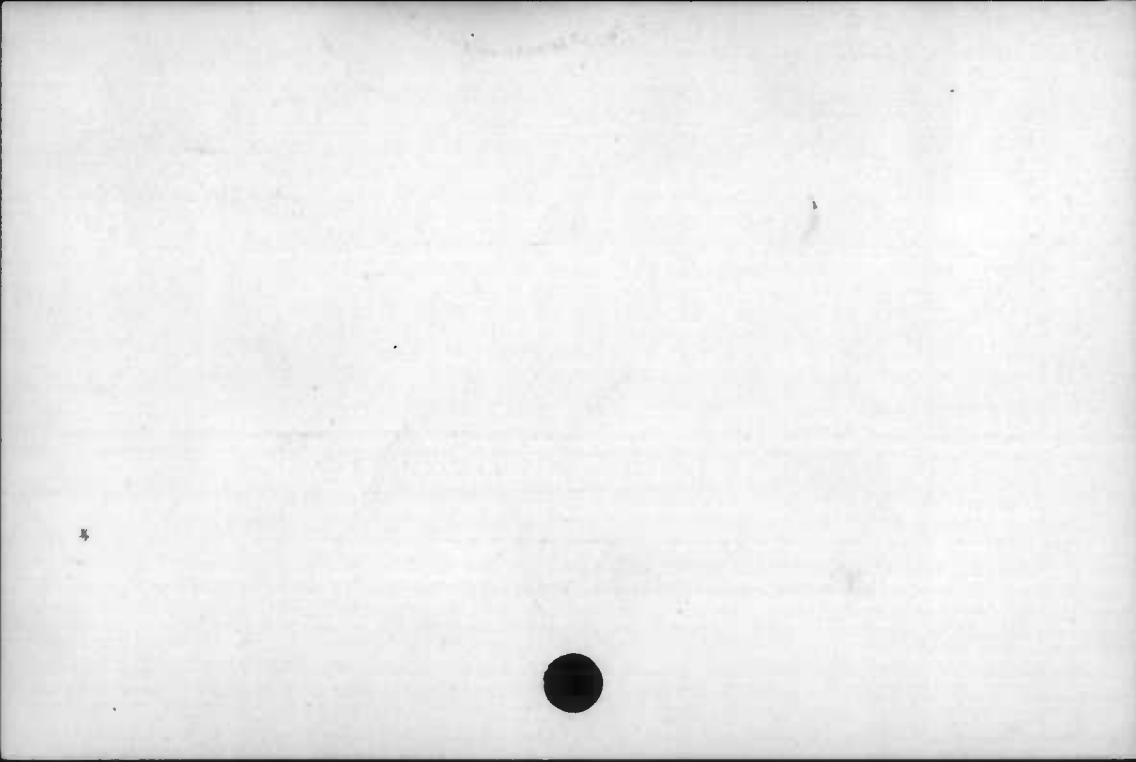
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Smoketown</i> ^{County} <i>Washington</i>		MARYLAND				
Date of death <i>1900</i>	^{Month} <i>April</i>	^{Day} <i>22</i>	^{Age} <i>—</i>	^{Years} <i>—</i>	^{Months} <i>—</i>	^{Days} <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Smoketown</i>				
Occupation <i>None</i>		Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed		Name of Wife or Husband <i>None</i>				
Father's Name <i>Gra Draper</i>		Father's Birthplace <i>Fredrick Co</i>				
Mother's Maiden Name <i>Mollie Hought</i>		Mother's Birthplace <i>Wish ko</i>				
Name of person giving information <i>Mrs Clellan Struffe</i>		How related to deceased <i>None</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still Born</i>	How long <i>9</i>
Immediate	<i>Still Born</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>E. L. Smith</i>
		Address <i>Boonboro Md</i>
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Wilbert N Everly</i>		Town <i>Stagers town</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at <i>Stagers town</i>		Month <i>4</i>		Day <i>13</i>		Years <i>2</i>	
Date of death <i>1910</i>		Month <i>4</i>		Day <i>13</i>		Years <i>2</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>md</i>		Months <i>3</i>	
Occupation <i>Child</i>		Where Residing if not at place of death <i>C</i>		Days <i>4</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>a</i>					
Father's Name <i>Richard Everly</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Caroline Liger</i>		Mother's Birthplace <i>md</i>					
Name of person giving information <i>Caroline Everly</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tubercular meningitis</i>		How long <i>1 year</i>	
Immediate <i>..</i>		How long <i>..</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Victor Mueller</i>	
		Address <i>Stagers town</i>	
Accident or Suicide? <i>no</i>			

Dr Miller

Ad Coffman

Rose Hill

A. K. Coffman.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

J. Howard Flook
 Died at *Beonsboro* Town *Washington* County
 Date of death *1980 April 10th* Month *April* Day *10th* Age *69* Years *—* Months *—* Days *1*
 Sex *male* Color or Race *white* Birth-place *Maryland*
 Occupation *Farmer* Where Residing if not at place of death *—*

Married, Single or Widowed *married* Name of Wife or Husband *Lydia Flook*
 Father's Name *Perry Flook* Father's Birthplace *Maryland*
 Mother's Maiden Name *Lilana Rantzahe* Mother's Birthplace *"*
 Name of parson giving Information *Lydia Flook* How related to deceased *wife -*

CAUSES OF DEATH

Primary *central Hemorrhage* How long *2 days*
 Immediate *Paralysis* How long *8 days*
 Are the name, age, sex, color, date and place correctly given above? *yes*
 Signature of Physician *W. C. Rehner M.D.*
 Address *Beonsboro Washington Co -*
 Accident or Suicide *9*

PHYSICIAN
OR CORONER

Bringt Bart

Undertakers

Name
in
Full

Lourrose M Fox

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Hagers Town Washington MARYLAND

Date of death 190 April 15 Age 56

Sex Male Color or Race White Birth-place Shepherdstown W. Va

Occupation Marble Polisher Where Residing if not at place of death Hagers Town

~~Married, Single~~ Single Name of Wife or Husband _____

Father's Name Henry S. Fox Father's Birthplace Ind.

Mother's Maiden Name Leathrine Bregunier Mother's Birthplace Ind.

Name of person giving Information Mrs Mary Gossy How related to deceased Sister

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary Chronic Endocarditis - Nephritis How long 2-3 years

Immediate asthama How long " " "

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Victor D. Miller, Jr.

Address Hager Md.

Accident or Suicide no

S. K. Lowman

Rose Hill

S. K. Lowman.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Virginia A Fox</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND					
Died at		Month <i>April</i>		Day <i>27</i>		Years <i>61</i>		Months <i>6</i>		Days <i>22</i>	
Date of death <i>1960</i>		Age <i>61</i>		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Harrisonburg, Va.</i>		Occupation <i></i>	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Fernanda J. Fox</i>		Where Residing if not at place of death <i>Hagerstown</i>		Father's Name <i>Jacob Knisley</i>		Father's Birthplace <i>Va.</i>		Mother's Maiden Name <i>Lizzie Cross</i>	
Name of person giving Information <i>Fernanda J. Fox</i>		How related to deceased <i>Husband</i>		41		Mother's Birthplace <i>Va.</i>		How related to deceased <i>Husband</i>		41	

CAUSES OF DEATH

Primary <i>Carcinoma of intestine</i>	How long <i>6 mos.</i>
Immediate <i>Obstructed</i>	How long <i>6 days</i>
Are the name, age, sex, color, date and place correctly given above? <i></i>	Signature of Physician <i>[Signature]</i>
Accident or Suicide <i></i>	Address <i>Hagerstown</i>

PHYSICIAN
OR CORNER

S. K. Lowman

Name
in
Full

Wildered Ellere Freed

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Williamport* Town *Washington* County *MARYLAND*

Date of death *1940* Month *April* Day *16* Age *2* Years Months *1* Days *23*

Sex *Female* Color or Race *White* Birth-place *Waynesboro*

Occupation _____ Where Residing if not at place of death *Williamport*

Married, Single or Widowed *Single* Name of Wife or Husband _____

Father's Name *Sherman Freed* Father's Birthplace *Pennsylvania*

Mother's Maiden Name *Ameda M. Poper* Mother's Birthplace *Pennsylvania*

Name of person giving Information *Grace E. Hawbecker* How related to deceased *Aunt.*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Meningitis* How long *4 wks*

Immediate *Coma* How long *2 days*

Are the name, age, sex, color, date and place correctly given above? *yes,* Signature of Physician *J. P. Laughlin*

Accident or Suicide _____ Address *Waynesboro*

Williamport, Md. April 18th 1910.
Interment in Burns Hill Cemetery.
Franklin Co. Pa. Waynesboro.
By J. H. Kreps. Undertaker.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *James Edward Garrish*
 Died at *Williamstown* ^{Town} *Washington* ^{County} *MARYLAND*
 Date of death *1900* ^{Month} *April* ^{Day} *8* ^{Years} *3* ^{Months} *3* ^{Days} *3*
 Sex *Male* Color or Race *White* Birth-place *Williamstown Md*
 Occupation *None* Where Residing if not at place of death *None*

Married, Single or Widowed *Single* Name of Wife or Husband *None*
 Father's Name *Joseph Benjamin Garrish* Father's Birthplace *Williamstown*
 Mother's Maiden Name *Bertha E Wright* Mother's Birthplace *in the neck*
 Name of person giving Information *Joseph B Garrish* How related to deceased *Father*

CAUSES OF DEATH

Primary *Acute Labor Pneumonia* How long *Three days*
 Immediate *Onset of lung* How long *By heart*

Are the name, age, sex, color, date and place correctly given above? *Yes.*

Signature of Physician *W. B. Richardson*
 Address *Williamstown Md*

Accident or Suicide *No.*

PHYSICIAN
OR CORONER

Williamport, Md. April 9th 1910.
Interment in Riverview Cemetery.
By J. F. Kreps. Undertaker.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Catharine S. Lehr*

Died at *Leitersburg* ^{Town} *Washington* ^{County} **MARYLAND**

Date of death *190* ^{Month} *4* ^{Day} *5* ^{Years} *83* ^{Months} *10* ^{Days} *—*

Sex *Female* Color or Race *White* Birth-place *Rivgold*

Occupation *None* Where Residing if not at place of death *Leitersburg*

~~Married, Single or Widowed~~ *Widowed* Name of Wife or Husband *none*

Father's Name *John Singer* Father's Birthplace *unknown*

Mother's Maiden Name *Hannah Stephy* Mother's Birthplace *unknown*

Name of parson giving Information *Emma R. Hellingner* How related to deceased *Daughter*

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary *Chronic Nephritis et Age* How long *6 Months*

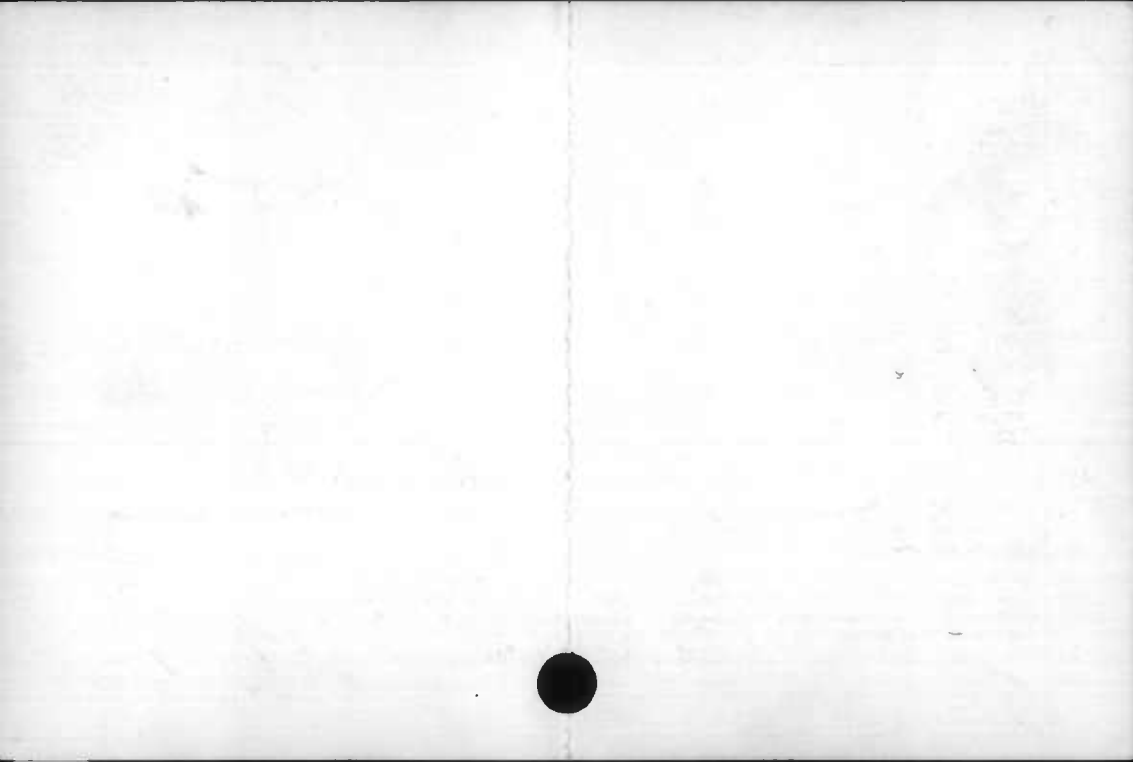
Immediate *Heart failure et. Arteriosclerosis* How long *—*

Are the name, age, sex, color, date and place correctly given above? *f*

Signature of Physician *Wm. A. Quinn M.D.*

Address *Cheesville Ind.*

Accident or Suicide *f*



Name
in
Full

Mary Francis E Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Williamstown Washington County MARYLAND

Date of death 1960 Apr. 8 Age 64 Months 3 Days -

Sex Female Color or Race Colored Birth-place Williamstown, Md.

Occupation Housekeeper Where Residing if not at place of death _____

Married, Single or Widowed Married Name of Wife or Husband Joseph E Green

Father's Name Horace Anderson Father's Birthplace Don't Know

Mother's Maiden Name Susan Chase Mother's Birthplace Don't Know

Name of person giving Information J. E. Green How related to deceased Husband

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary Heart Failure. Valvular How long Three years

Immediate Dropsy on Heart failure How long Sudden

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician W. Richardson

Address Williamstown Md.

Accident or Suicide No.

Williamport. Md. April, 10th 1910
Interment in Riverview Cemetery.
By J. L. Kreps, Undertaker.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Hagerstown* ^{Town} *Washington* ^{County} *MARYLAND*
 Date of death 19 *10* Month *April* Day *2* Age *—* Years *—* Months *—* Days *—*
 Sex *Male* Color or Race *White* Birth-place *md*
 Occupation *—* Where Residing if not at place of death *—*

Married, Single *—* Name of Wife or Husband *—*

Father's Name *Adams Goety*
 Mother's Maiden Name *Gertie Goety*
 Name of person giving information *Gertie Goety*

Father's Birthplace *Pa*
 Mother's Birthplace *md*
 How related to deceased *Mother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Still birth* How long *—*
 Immediate *" "* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes.*

Signature of Physician *J. R. Langhorne*
 Address *Hagerstown Md.*

Accident or Suicide?

Coffman
Post Hill

A. K. Coffman.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Raymond B Griffith</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at <i>Hagerstown</i>		Month <i>4</i>		Day <i>12</i>		Years <i>—</i>	
Date of death <i>1970</i>		Age <i>—</i>		Months <i>1</i>		Days <i>8</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>md</i>			
Occupation <i>Child</i>		Where Residing if not at place of death <i>md</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Daniel Harell</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Eva Griffith</i>		Mother's Birthplace <i>md</i>					
Name of person giving information <i>Eva Griffith</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

95

PHYSICIAN
OR CORONER

Primary <i>Congestion lungs near closure throat 4 days</i>		How long <i>4 days</i>	
Immediate <i>Shock</i>		How long <i>2 1/2 hours</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>D. H. Griffith</i>	
		Address <i>Hagerstown md</i>	
Accident or Suicide?			

Dr Hoff.

Coffman

Rose Hill.

A.K. Coffman

Name
in
Full

Rev. John Hadley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Hagerstown* Town *Washington* County *MARYLAND*

Date of death 19*00* Month *4* Day *28* Age *72* Years *8* Months *4* Days

Sex *male* Color or Race *white* Birth-place *N.Y.*

Occupation *Minister* Where Residing if not at place of death *Buffalo, N.Y.*

Married, Single or Widowed *married* Name of Wife or Husband *Margaret Hadley*

Father's Name *Not Known* Father's Birthplace *—*

Mother's Maiden Name *—* Mother's Birthplace *—*

Name of person giving Information *Charles Hadley* How related to deceased *son*

CAUSES OF DEATH

Primary *Chronic Endocarditis -* How long *79* *81*

Immediate *Pulmonary Edema* How long *12 hours*

Are the name, age, sex, color, data and place correctly given above? *yes* Signature of Physician *Victor Smiley Jr.*

Address *Hager, Md.*

Accident or Suicide *no*

PHYSICIAN
OR CORONER

L.M. Senter ~~My~~ Son

Eric 60

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Brownsville</i>		County <i>Washington</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
<i>1910</i>		<i>4</i>	<i>14</i>	<i>61</i>		<i>11</i>	<i>14</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Fred Co Md</i>
Occupation	<i>None</i>			Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband <i>George W. Hahn</i>			
Father's Name	<i>Henry Smith</i>			Father's Birthplace <i>Fred Co Md</i>			
Mother's Maiden Name	<i>Elizabeth Roberback</i>			Mother's Birthplace <i>Wash Co Md</i>			
Name of person giving Information	<i>John Hahn</i>			How related to deceased <i>Son</i>			

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>General Debility</i>	How long	<i>2 Years</i>
Immediate	<i>Cardiac Insufficiency</i>	How long	<i>Sudden</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>J. T. Youstie</i>	
		Address	
		<i>Brownsville</i>	
		<i>Md</i>	
Accident or Suicide?			

L. E. Surran & Son

Name
in
Full

George D Hanna

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town <i>Wash</i>		County		MARYLAND	
Date of death <i>1940</i>		Month <i>4</i>	Day <i>22</i>	Age <i>48</i>	Years	Months <i>4</i>	Days
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>md.</i>			
Occupation <i>Train Dispatcher</i>		Where Residing if not at place of death <i>Atlanta Ga.</i>					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Sarah J. Hanna</i>					
Father's Name <i>Isaac N. Hanna</i>		Father's Birthplace <i>md.</i>					
Mother's Maiden Name <i>Mary V. Hoffman</i>		Mother's Birthplace <i>md.</i>					
Name of person giving information <i>Joe N. Hoffman</i>		How related to deceased <i>Cousin</i>					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Bright's Disease</i>	How long <i>4 mos</i>
Immediate <i>Heart Failure</i>	How long <i>3 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C. Wingard</i>
	Address <i>Fruitstown, md.</i>
Accident or Suicide? <i>No</i>	

J.M. Suter & Son.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Blanche E Harshman</i>		Town <i>Cherryville</i>		County <i>Washington</i>		MAYLAND	
Died at <i>Cherryville</i>		Month <i>4</i>		Day <i>10</i>		Years <i>41</i>	
Date of death <i>1900</i>		Month <i>4</i>		Day <i>10</i>		Years <i>41</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>md</i>			
Occupation <i>House work</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Upston Harshman</i>					
Father's Name <i>Adam Feigler</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>No record</i>		Mother's Birthplace <i>md</i>					
Name of person giving Information <i>Upston Harshman</i>		How related to deceased <i>Husband</i>					
CAUSES OF DEATH							

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis Pulmonalis</i>		How long <i>18 Months</i>	
Immediate <i>Heart failure & Asthenia</i>		How long <i>2 months</i>	
Are the name, age, sex, color, data and place correctly given above? <i>yes</i>		Signature of Physician <i>John A. Quinn M.D.</i>	
Address <i>[Redacted]</i>			
Accident or Suicide <i>2</i>			

issued

A. K. Coffman

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

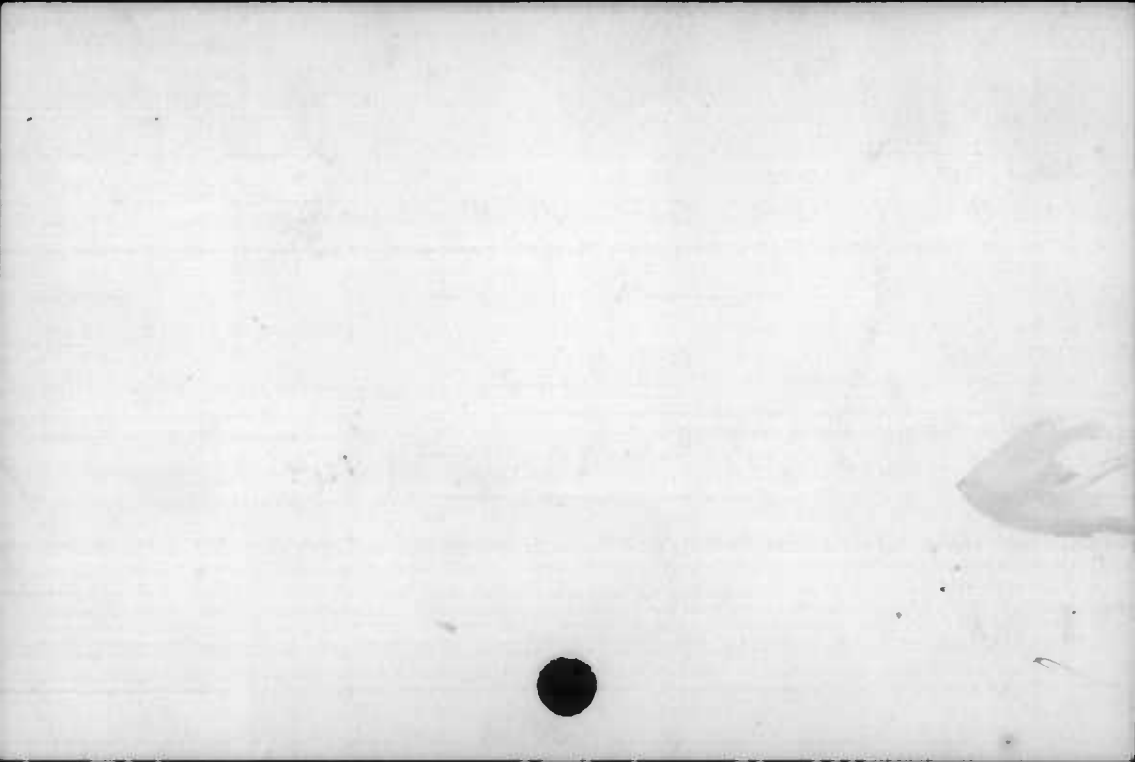
Name in Full <i>Mary Ann Hoffmaster</i>		Town <i>Brownsville</i>		County <i>Washington</i>		MARYLAND	
Died at		Date of death <i>1980</i>		Month <i>4</i>	Day <i>6</i>	Age <i>81</i>	Months <i>6</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>house</i>		Where Residing if not at place of death <i>_____</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>_____</i>					
Father's Name <i>Jacob Hoffmaster</i>		Father's Birthplace <i>Virginia</i>					
Mother's Maiden Name <i>Margaret Oakle</i>		Mother's Birthplace <i>Virginia</i>					
Name of person giving information <i>Frank Hoffmaster</i>		How related to deceased <i>Nephew</i>					

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <i>Old age</i>	How long <i>Indefinite</i>
Immediate <i>Stroke & infarct</i>	How long <i>8 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. T. Younts</i>
	Address <i>Brownsville Maryland</i>
Accident or Suicide? <i>2</i>	



Name
In
Full

Rachael A Hoyle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Claysbrook* ^{County} *Washington* **MARYLAND**

Date of death *19/0* ^{Month} *4* ^{Day} *30* ^{Years} *57* ^{Months} *6* ^{Days} *26*

Sex *Female* Color or Race *White* Birth-place *Va*

Occupation *House work* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Joseph Hoyle* Father's Birthplace *Va*

Mother's Maiden Name *Rebecca Britton* Mother's Birthplace *Va*

Name of person giving information *Lillie Hoyle* How related to deceased *Sister*

CAUSES OF DEATH

(64) ✓

PHYSICIAN
OR CORONER

Primary *Endocarditis -* How long *2.1*

Immediate *apoplexy ?* How long

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Victor Smith*

Address *1149. N. E.*

Accident or Suicide? *no*

Dr. Miles
Lippincott
Rose Hill

A. K. Coffman

Name
in
Full

CERTIFICATE OF DEATH

Susan V. Jackson

Town

County

MARYLAND

Died at

Nevertown

Washington

Date
of death

1960

Month

4

Day

7

Age

31

Months

6

Days

15

Sex

Female

Color or
Race

African

Birth-
place

M.d

Occupation

Housewife

Where Residing if not
at place of death

—

Married, Single
or Widowed

Name of Wife or
Husband

George Jackson

Father's
Name

Leora Bush

Father's
Birthplace

M.d

Mother's
Maiden Name

Mary Harper

Mother's
Birthplace

M.d

Name of person giving
Information

Safu Howard

How related
to deceased

Cousin

CAUSES OF DEATH

74

Primary

Anemia

How long

5 months

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

J. T. Yountee

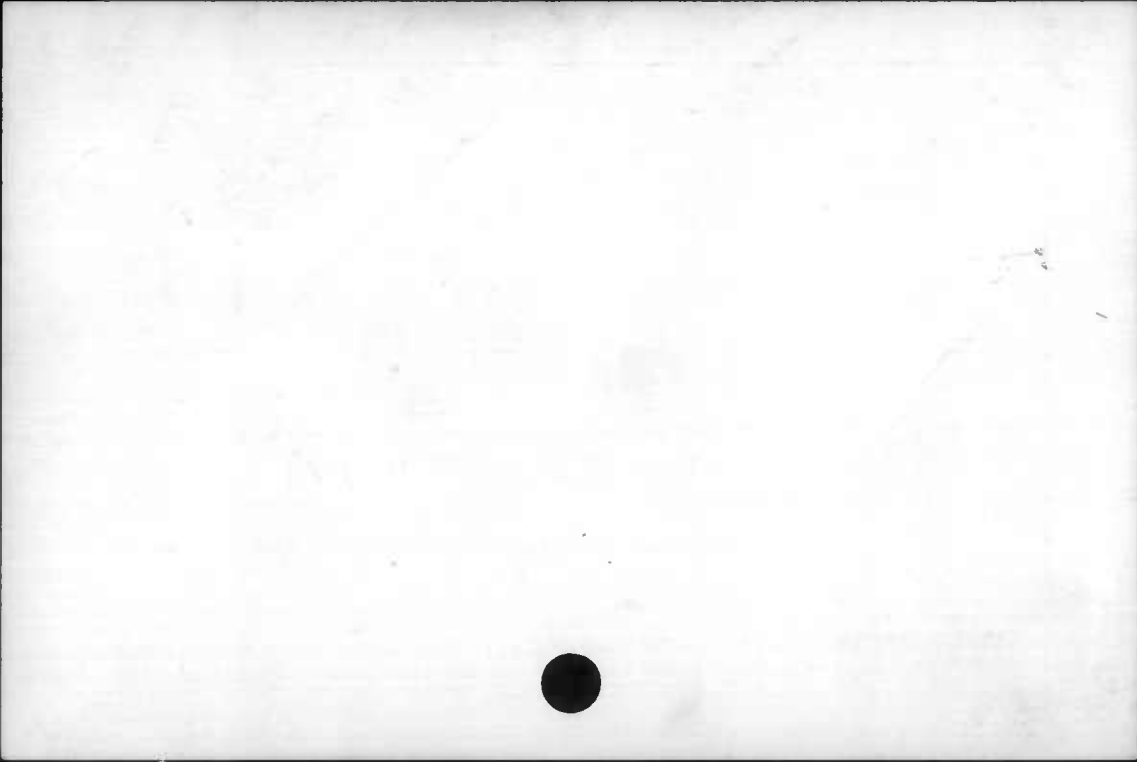
Address

*Brownsville
Maryland*

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

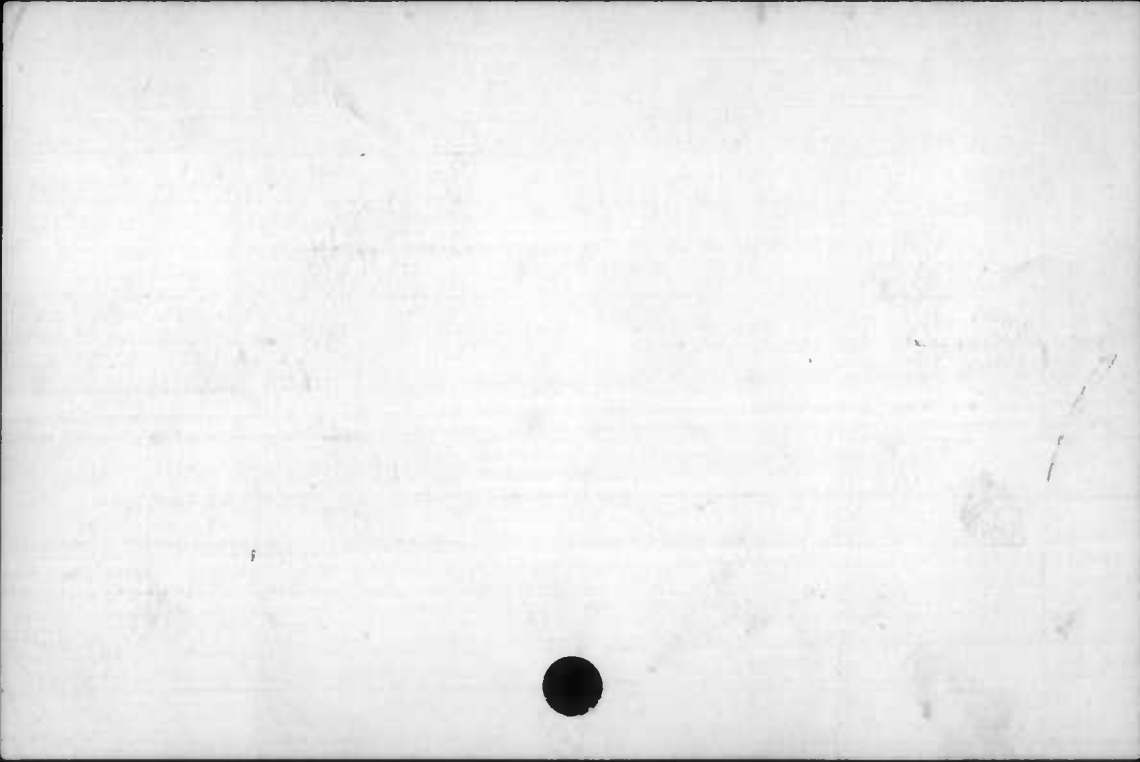
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Still Born</i>		Town <i>Hilltop</i>		County <i>Hilltop</i>		MARYLAND	
Date of death	19 <i>00</i>	Month	<i>4</i>	Day	<i>24</i>	Age	<i>—</i>
Sex	<i>female</i>	Color or Race	<i>White</i>	Birth-place	<i>Bluemont</i>		
Occupation	<i>—</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>—</i>			Name of Wife or Husband			
Father's Name	<i>Joseph W. Kittoman</i>				Father's Birthplace	<i>Solans Spa</i>	
Mother's Maiden Name	<i>Alpha Bucknell</i>				Mother's Birthplace	<i>Solans Spa</i>	
Name of person giving information	<i>George B. Mahon</i>				How related to deceased	<i>nurse</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>still born</i>	How long	<i>✓</i>
Immediate	<i>Still Birth</i>	How long	<i>✓</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. Dr. Craft</i>
		Address	<i>Wagonsboro</i>
Accident or Suicide?			<i>Pa</i>



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

MARYLAND

Died at <i>Hagerstown</i>		Town <i>Washington</i>		County <i>St. Mary's</i>		MARYLAND	
Date of death <i>19/0</i>		Month <i>4</i>		Day <i>12</i>		Age <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>			
Occupation <i>Child</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Lewis A Kretzinger</i>				Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Margaret Bellinger</i>				Mother's Birthplace <i>Ind</i>			
Name of person giving Information <i>Lewis A Kretzinger</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Accident or Suicide?

Signature of _____
Physician

Address

151

How long

How long

LIBRARY BUREAU A66616

Dr Wagoner

A. K. Coffman

Rose Hill

A. K. Coffman

Name
in
Full

Dianna E Kundle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Diad at ^{Town} *Smithsburg* ^{County} *Washington* **MARYLAND**

Date of death 19*00* ^{Month} *April* ^{Day} *16* Age ^{Years} *70* ^{Months} *1* ^{Days} *16*

Sex *female* Color or Race *White* Birth-place *Unknown*

Occupation *House-servant* Where Residing if not at place of death *Smithsburg MD*

Married, Single or Widowed *Widowed* Name of Wife or Husband *John Kundle*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Faanna Beasnyder* Mother's Birthplace *Unknown*

Name of person giving Information *Mrs Georg W Bryan* How related to deceased *Son*

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary *General Debility* How long *6 months*

Immediate *General Debility* How long *6 months*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Dr M J Kifanoor* Address *Smithsburg Maryland*

Accident or Suicide *No*

10-10-1942
S. J. B. V.
10-10-1942



Name
is
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Decedent *Unmarried Child Leatherwood*

Died at *Hagerstown* ^{Town} *Washington* ^{County} *MARYLAND*

Date of death *1910* ^{Month} *4* ^{Day} *24* ^{Age} *—* ^{Years} *—* ^{Months} *—* ^{Days} *—*

Sex *Female* Color or Race *White* Birth-place *Md*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Herbert Leatherwood* Father's Birthplace *Na*

Mother's Maiden Name *Louisa Whetlow* Mother's Birthplace *Md*

Name of person giving Information *Gertrude McKean* How related to deceased *None*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide?

Still Born

Yes

Signature of Physician

Address

H. H. Den-
Hagerstown
Md.

Leggins
Rose Hill

A. K. Coffman.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Hagerstown</i>		^{County} <i>Washington</i>		MARYLAND	
Date of death	19 <i>10</i>	Month <i>4</i>	Day <i>12</i>	Age <i>—</i>	Years <i>—</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>md</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Max L Lorschbaugh</i>		Father's Birthplace <i>md</i>			
Mother's Maiden Name <i>Grace Krueger</i>		Mother's Birthplace <i>md</i>			
Name of person giving information <i>Max L Lorschbaugh</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	<i>Inanition (7 mos. chief)</i>	How long	<i>2 days</i>
Immediate	<i>—</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>J. M. W. [Signature]</i>	
<i>[Signature]</i>		Address <i>Washington</i>	
Accident or Suicide?			

AK Coffman
& Wertz
Roe Hill

AK. Coffman

Name
in
Full

Mrs. Mary b. McComas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Hagerstown ^{County} Washington MARYLAND

Date of death 1900 ^{Month} 4 ^{Day} 18 Age ^{Years} 77 ^{Months} 7 ^{Days} 24

Sex female Color or Race white Birth-place Md.

Occupation H.W. Where Residing if not at place of death

Meriad, Single or Widowed Widow Name of Wife or Husband Louis F. McComas.

Father's Name Samuel Culbertson Father's Birthplace Md.

Mother's Maiden Name Matilda De Hart Mother's Birthplace Pa.

Name of person giving Information Mrs. W. F. Hammond How related to deceased daughter

CAUSES OF DEATH

113

V

PHYSICIAN
OR CORONER

Primary Cause of Death Corbuser Liver How long number of years

Immediate Cause of Death Exhaustion How long 9 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician A. P. Stauffer

Address Hagerstown Md

Accident or Suicide

C. M. Sinter and Son.

Name
in
Full

Hannah A. McCoy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

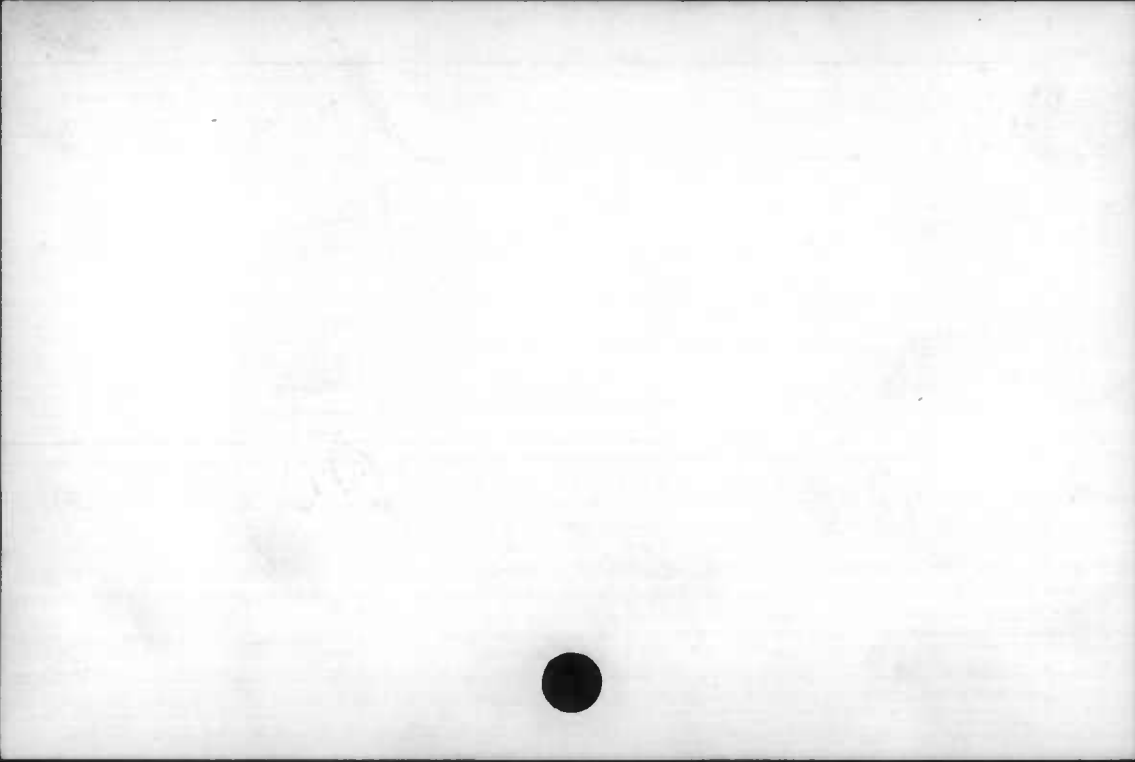
Died at <u>Robertsville</u> <small>Town</small>		<u>Washington</u> <small>County</small>		MARYLAND	
Date of death <u>1900</u> <small>Month</small> <u>April</u> <small>Day</small> <u>15</u>		Age <u>63</u> <small>Years</small>		<u>8</u> <small>Months</small> <u>23</u> <small>Days</small>	
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Fredrick Co</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>John P. Pfenbaugers</u>				
<input checked="" type="checkbox"/> Married, Single <input checked="" type="checkbox"/> Widowed	Name of Wife or Husband <u>Robert McCoy</u>				
Father's Name <u>Jacob Brightman</u>			Father's Birthplace <u>Not known</u>		
Mother's Maiden Name <u>Eliza Emris</u>			Mother's Birthplace <u>Fredrick Co</u>		
Name of person giving Information <u>Mr. A. L. Blessing</u>			How related to deceased <u>Daughter</u>		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <u>Cardiac Dilatation</u>	How long <u>Two years</u>
Immediate <u>Heart Failure</u>	How long <u>Instantaneous</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>A. L. Blessing</u>
<u>Q</u>	Address <u>Brownsville Maryland</u>
Accident or Suicide <u>no</u>	



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Still Born</i> Town		<i>Magnolia</i> County		MARYLAND	
Date of death 19 <i>60</i> <i>Apr</i> Month		<i>4</i> Day		<i>—</i> Years	
<i>male</i> Sex		<i>colored</i> Color or Race		<i>Hagerstown</i> Birthplace	
<i>—</i> Occupation		<i>—</i> Where Residing if not at place of death			
<i>single</i> Married, Single or Widowed		<i>—</i> Name of Wife or Husband			
<i>Clifford Manual</i> Father's Name		<i>Shepherdstown W Va</i> Father's Birthplace			
<i>Lizzie Mae Wheeler</i> Mother's Maiden Name		<i>" " "</i> Mother's Birthplace			
<i>Clifford Manual</i> Name of person giving Information		<i>Father</i> How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

<i>Prostate Tumor</i> Primary		<i>24 hours</i> How long	
<i>compression of Tumor during delivery</i> Immediate		<i>30 min.</i> How long	
<i>Yes</i> Are the name, age, sex, color, date and place correctly given above?		<i>C. B. Wilson</i> Signature of Physician	
<i>—</i> Accident or Suicide		<i>243 N. Ignatius St</i> Address <i>Hagerstown Md.</i>	

S. 2. 07 m



Name
in
Full

olla Pearl Martin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Williamsport ^{town} Washington ^{County} MARYLAND
Date of death 1980 ^{Month} April ^{Day} 8 ^{Years} 8 ^{Months} 7 ^{Days} 4
Sex Female Color or Race White Birth-place Indian Spring
Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed Single Name of Wife or Husband _____
Father's Name Joseph Albert Martin Father's Birthplace Indian Spring
Mother's Maiden Name Mary Catharine Mills Mother's Birthplace _____
Name of person giving Information Joe A Martin How related to deceased Father

CAUSES OF DEATH

Primary Spinal meningitis Pneumonia followed by Cerebro- How long Twelve days
Immediate Exhaustion How long Two days

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

W. Richardson
Williamsport Md.

Accident or Suicide

No.

Williamsport. Md. April 10th 1910.
Interment in Riverview Cemetery.
By J. H. Kreps. Undertaker.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full William Middleknap		Town Hagerstown		County Washington		STATE MARYLAND	
Died at Hagerstown		Month 4		Day 20		Age 73	
Date of death 1910		Months 10		Years 28		Days 28	
Sex Male		Color or Race White		Birth-place Md			
Occupation Laborer				Where Residing if not at place of death 			
Married, Single or Widowed Married		Name of Wife or Husband Elija J. Horine		Father's Birthplace Md			
Father's Name Georg Middleknap		Mother's Maiden Name Mary - don't know		Mother's Birthplace don't know			
Name of person giving information Elija J. Middleknap		How related to deceased Wife					
CAUSES OF DEATH				65			

PHYSICIAN
OR CORONER

Primary Softening of Brain	How long Three years
Immediate Heart Failure	How long Instant
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Daniel C. Watkins
	Address Hagerstown Md.
Accident or Suicide? 	

L. M. Watkins

Name
in
Full

Mary Virginia Miller

CERTIFICATE OF DEATH

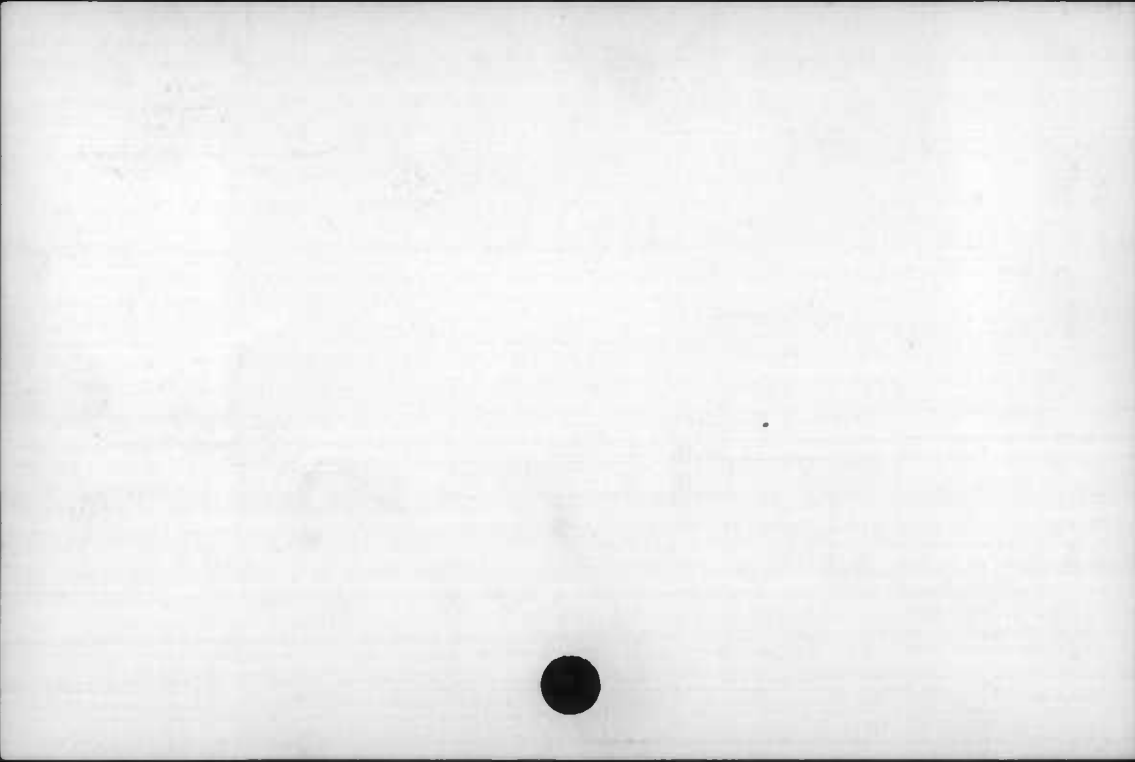
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Finksston		County Washington		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1900		4	13				
Sex		Color or Race		Birth-place			
Female		White		Finksston			
Occupation				Where Residing if not at place of death			
none				Finksston			
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name		Father's Birthplace					
John A Miller		Pittsburg					
Mother's Maiden Name		Mother's Birthplace					
Sallie Bowers		Maryland					
Name of person giving information				How related to deceased			
John Adams Miller				Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
asphyxia - Still-born		✓	
Immediate		How long	
		✓	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		John Smith, Jr.	
		Address	
		John Smith, Jr.	
Accident or Suicide?		Stag. Md	
No.			



Name
in
Full

Charlotte Belle Myers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frittersburg</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death <i>1910</i>	<i>Apr.</i> ^{Month}	<i>30</i> ^{Day}	<i>7</i> ^{Years}	<i>4</i> ^{Months}	<i>5</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Frittersburg</i>		
Occupation <i>School-girl</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Chas. Myers</i>			Father's Birthplace <i>Lynchburg Va</i>		
Mother's Maiden Name <i>Amanda S. Ramsey</i>			Mother's Birthplace <i>Lynchburg Va</i>		
Name of person giving information <i>Thos. J. Myers</i>			How related to deceased <i>Uncle</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Rheumatic Endocarditis</i>	How long <i>7 days</i>
Immediate <i>Cardiac Failure</i>	How long <i>6 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>M. D. Gaganau</i>
	Address <i>Highstown</i>
Accident or Suicide? <i>No.</i>	<i>mu</i>



Name
in
Full

Lambert Nickerson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

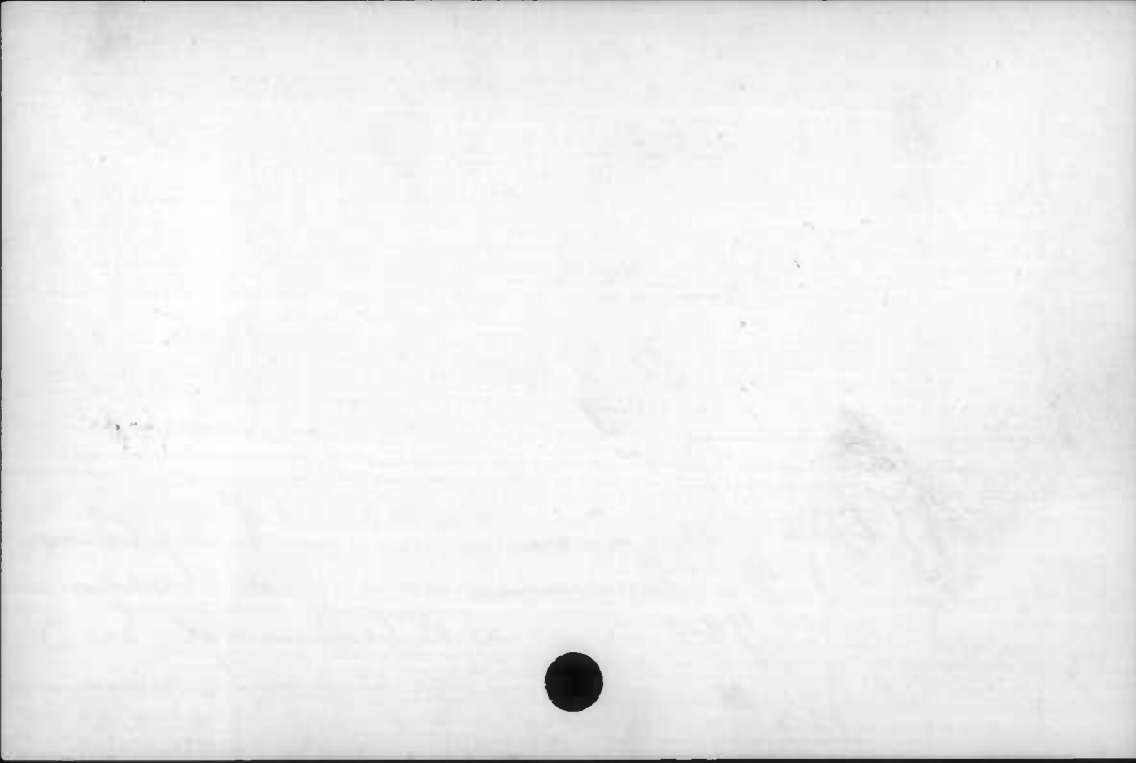
MARYLAND

Died at *Clear Spring Dist* ^{Town} *Wash* ^{County}Date of death *1900* ^{Month} *April* ^{Day} *10* ^{Years} *89* ^{Months} *5* ^{Days} *23*Sex *Male* Color or Race *White* Birth-place *Ind*Occupation *Laborer* Where Residing if not at place of death~~Married, Single or Widowed~~ Name of Wife or Husband *Catherine McBarney*Father's Name *Unknown* Father's Birthplace *Unknown*Mother's Maiden Name *Unknown* Mother's Birthplace *Ind*Name of person giving information *Isaac Hull* How related to deceased *Son-in-law*

CAUSES OF DEATH

Primary *Cerebral hemorrhage* ^{How long} *7 weeks*Immediate *Heart Failure* ^{How long} *1 day*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *C. T. Mann*Address *Clear Spring Ind*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Septimus O. Nyman</i>		Town <i>Hagerstown</i>		County <i>Wash.</i>		MARYLAND	
Died at		Month <i>4</i>		Day <i>21</i>		Years <i>64</i>	
Date of death <i>1900</i>		Month <i>4</i>		Day <i>21</i>		Age <i>64</i>	
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Ind.</i>		Months <i>4</i>	
Occupation <i>Wood-worker</i>		Where Residing if not at place of death				Days <i>12</i>	
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Mary J. Nyman</i>					
Father's Name <i>Daniel Nyman</i>		Father's Birthplace <i>Ind.</i>					
Mother's Maiden Name <i>Wilhelmina Stevens</i>		Mother's Birthplace <i>Ind.</i>					
Name of person giving Information <i>Mrs S. O. Nyman</i>		How related to deceased <i>wife.</i>					

CAUSES OF DEATH

20

V

PHYSICIAN
OR CORONER

Primary <i>Septisemia</i>	How long <i>8 weeks</i>
Immediate <i>Heart Failure</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>SW Hunsat MD</i>
<i>Q</i>	Address <i>Hagerstown Ind</i>
Accident or Suicide <i>No</i>	

L.M. Suter & Son

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

William Richardson Poffenberger
Town Washington County

MARYLAND

Died at Williamsport

Date

of death

1908

Month

April

Day

9

Age

Years

3

Months

5

Days

Sex

Male

Color or
Race

White

Birth-
place

Williamsport Md

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Reubin A. Poffenberger

Father's
Birthplace

Williamsport

Mother's
Maiden Name

Ida Jane Hall

Mother's
Birthplace

Locks

Name of person giving
Information

Samuel Hall

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Bright Disease

Immediate

Exhaustion

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

E. S. Richardson

Address

Williamsport

Accident or Suicide

No

120

How long

Three months

How long

one week

PHYSICIAN
OR CORONER

Williamsport. Md. April 11th 1910
Interment in Riverview Cemetery.
By J. F. Kreps, Undertaker.

Name
in
Full

CERTIFICATE OF DEATH

Mary. Elizabeth. Pound

Died at ^{Town} Near Beards Blanche ^{County} Washington

MARYLAND

Date of death 1960 ^{Month} 4 ^{Day} 13 ^{Age} 45 ^{Months} 10 ^{Days} 5

Sex Female ^{Color or Race} White ^{Birth-place} Washington, D.C.

Occupation House Wife ^{Where Residing if not at place of death} Near Beards Blanche

Married, ~~Single~~ Married ^{Name of Wife or Husband} Silas Pound

Father's Name J. D. Synchronizer ^{Father's Birthplace} Wash. D.C.

Mother's Maiden Name Sarah Reynolds ^{Mother's Birthplace} Fred. Co.

Name of person giving Information Silas Pound ^{How related to deceased} Husband.

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary Bright Disease ^{How long} 6 months

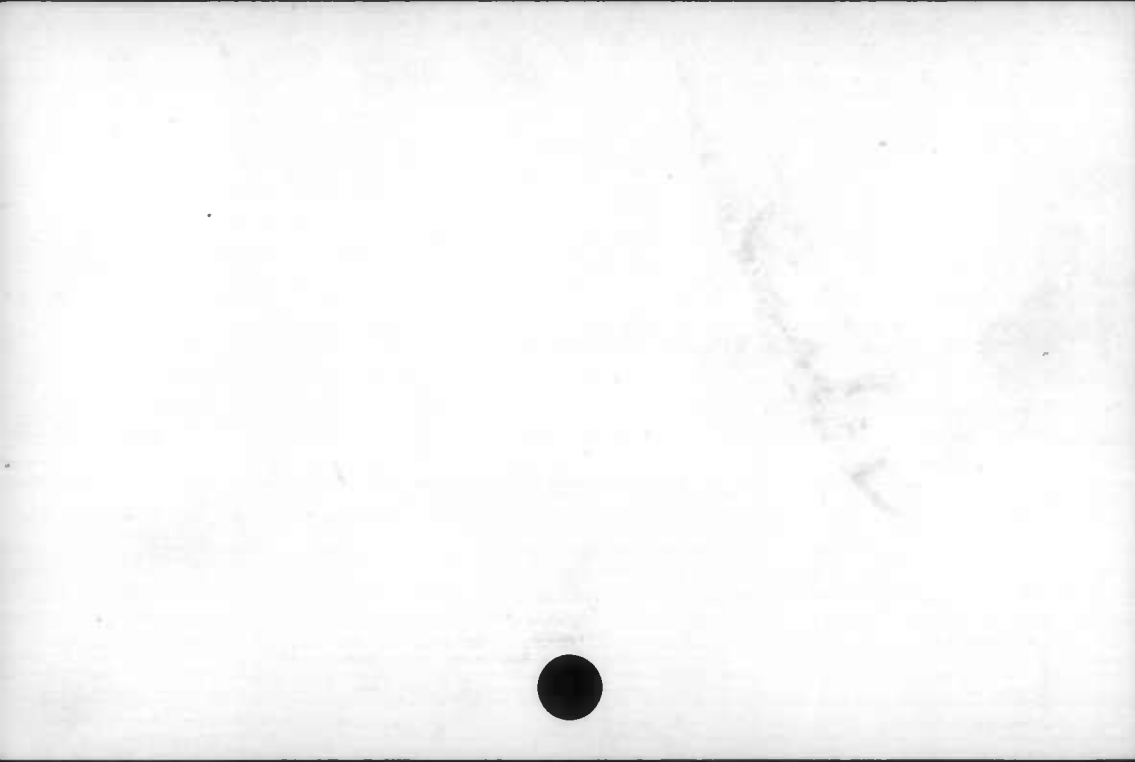
Immediate Paralysis ^{How long} one day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Dr. J. M. Stefanski
Address Ameltherberg
Md.

PHYSICIAN
OR CORONER

~~Accident or Suicide~~



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Clayton W Randall Jr.		Town Hagerstown		County Wash		MARYLAND	
Died at Hagerstown		Month 4		Day 14		Age 57	
Date of death 1910		Month 4		Day 14		Years 57	
Sex male		Color or Race white		Birth-place Md.		Months 1	
Occupation R. R. Engineer		Where Residing if not at place of death —		Days —			
Married, Single or Widowed married		Name of Wife or Husband Susan J. Randall		Father's Birthplace Md		Mother's Birthplace "	
Father's Name C. W. Randall Jr.		Mother's Maiden Name Anna R. Kershner		Name of person giving information Lillian Randall		How related to deceased daughter.	

CAUSES OF DEATH

74

PHYSICIAN
OR CORONER

Primary	Brain Tumor	How long	one year
Immediate	Coma	How long	60 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician W. D. Campbell M.D.	
		Address 1 Potomac St Hagerstown, Md.	
Accident or Suicide?			

E. M. Suter & Son.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John W. Recher
Died at *Hagerstown* Town

Washington County

MARYLAND

Date of death *1910* Month *4* Day *27* Age Years *44* Months *4* Days *4*

Sex *male* Color or Race *white* Birth-place *Md.*

Occupation *Book-keeper* Where Residing if not at place of death *— — — — —*

Married, Single or Widowed *married* Name of Wife *Ella Warfield Recher.*

Father's Name *Elias M. Recher* Father's Birthplace *Md.*

Mother's Maiden Name *Mary C. Wolf* Mother's Birthplace *" "*

Name of person giving information *H. H. Recher* How related to deceased *brother.*

CAUSES OF DEATH

1089

PHYSICIAN
OR CORONER

Primary *Intestinal obstruction* How long *7 days.*

Immediate *Pulmonary embolism* How long *5 minutes.*

Are the name, age, sex, color, date and place correctly given above? Signature of Physician *Regina Wood, Jr.*

Address *Hagerstown, Md.*

Accident or Suicide? *—*

C. M. Suter & Son.

Name
in
Full

unnamed Child of Grant Priden
Town County

CERTIFICATE OF DEATH

MARYLAND

Died at Hagerstown Washington

Date of death 1900 4 13 Age 13 Months 2 Days

Sex Female Color or Race White Birth-place Md

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name Grant Priden Father's Birthplace Md

Mother's Maiden Name Effie Barward Mother's Birthplace Md

Name of person giving Information Grant Priden How related to deceased Father

CAUSES OF DEATH

151

Primary Premature birth How long 3 months

Immediate Premature birth How long 3 months

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

L. M. Watkins



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Name in Full Mrs. Katherine A Rohrer		Town Hagerstown		County Wash		MARYLAND	
Died at		Month 4		Day 10		Age 45	
Date of death 1910		Months 11		Days 24			
Sex female		Color or Race white		Birth-place Penn.			
Occupation H.W.		Where Residing if not at place of death					
Married, Single or Widowed married		Name of Wife or Husband S. Chase Rohrer					
Father's Name Daniel Whitmoyer		Father's Birthplace Pa					
Mother's Maiden Name Mary Smith		Mother's Birthplace Pa					
Name of person giving information S.C. Rohrer		How related to deceased husband					

CAUSES OF DEATH

(62)

Primary	Locomotor Ataxia	How long	3 yrs
Immediate	Exhaustion	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician E A Nathan	
		Address Hagerstown Md	
Accident or Suicide?			

C. M. Suter & Son

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Khuda Q. Schaff* Town *Lagerstown* County *Washington* MARYLAND
Died at
Date of death 19*80* Month *4* Day *14* Age *—* Years *—* Months *4* Days *8*
Sex *Female* Color or Race *White* Birth-place *Md*
Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving Information

How related to deceased

CAUSES OF DEATH

189

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

PHYSICIAN
OR CORONER

L Watkins
Rose Hill

Name
in
Full

CERTIFICATE OF DEATH

Elizabeth M. Shank
Town *Neck* County *Washington*

Died at _____ MARYLAND

Date of death 19*40* Month *April* Day *1* Age *34* Years Months *8* Days *16*

Sex *Female* Color or Race *White* Birth-place *in The Neck*

Occupation *Housekeeper* Where Residing if not at place of death _____

Married, Single or Widowed *Married* Name of Wife or Husband *John D. Shank*

Father's Name *John Poppe* Father's Birthplace *Halfway*

Mother's Maiden Name *Mary Cunningham* Mother's Birthplace *Mt. Pleasant Pa*

Name of person giving Information *Mary Poppe* How related to deceased *Mother*

CAUSES OF DEATH

120

Primary *Bright's Disease of Kidneys* How long *six months*

Immediate *same as above*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Dr. J. T. Lester*

Address *Williamsport Md*

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Williamsport, Md. April 3rd 1910.
Interment in Manor Cemetery
By J. F. Kreps. Undertaker.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Robert B Shanon* Town *Hagerstown* County *Washington* MARYLAND
Died at
Date of death 1900 Month *4* Day *13* Age *2* Years *4* Months *14* Days
Sex *Male* Color or Race *White* Birth-place *MD*
Occupation _____ Where Residing if not at place of death _____

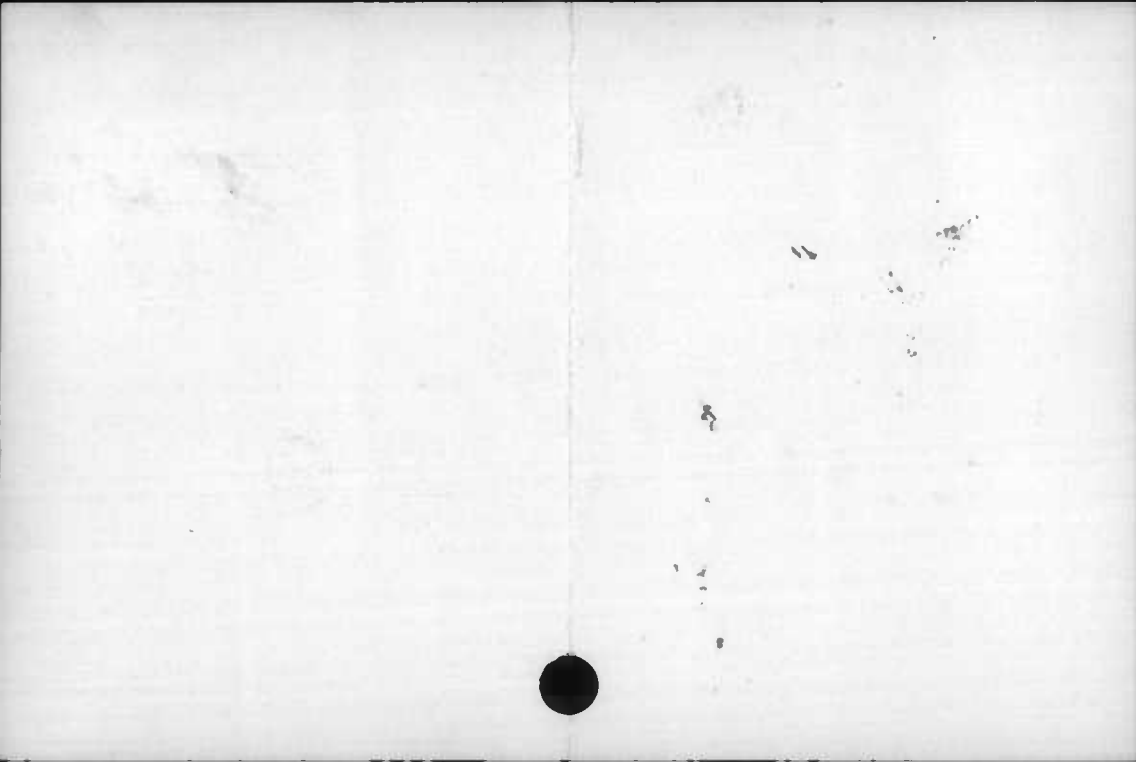
Married, Single or Widowed _____ Name of Wife or Husband _____
Father's Name *John H Shanon* Father's Birthplace *MD*
Mother's Maiden Name *Lucy Bell Gommel* Mother's Birthplace *MD*
Name of person giving Information *John Shanon* How related to deceased *Father*

PHYSICIAN
OR CORONER

CAUSES OF DEATH
Primary *Chills ignited from fire in kitchen stove. Burned, entire body, head + legs* How long *188*
Immediate *Shock* *Burned* How long *3 hours*
Are the name, age, sex, color, date and place correctly given above? *Yes*
Signature of Physician *W J Morrison*
Address *Hagerstown MD*
Accident or Suicide *No*

L. M. Watkins

Name in Full		Benjamin Smith				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Caretown		Washington		MARYLAND	
	Date of death	1910	Month 4	Day 2	Age 43	Months 7	Days 5
	Sex	Male		Color or Race	White		
	Occupation	Salomkeeper		Where Residing if not at place of death	Caretown		
	Married, Single or Widowed	Married		Name of Wife or Husband	Isertie Smith		
	Father's Name	Joseph Smith		Father's Birthplace	Fred Co Md		
	Mother's Maiden Name	Mariah Forrest		Mother's Birthplace	Fred Co Md		
Name of person giving information	Allen Smith		How related to deceased	Brother			
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">(56)</div>							
PHYSICIAN OR CORONER	Primary	Chronic Alcoholism				How long	
	Immediate	Uraemic Poisoning				How long	36 hours
	Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	W. H. Quinn.		
	Address						
<div style="text-align: center;">Accident or Suicide?</div>							



Name
in
Full

Susan Startzman

CERTIFICATE OF DEATH

Town

County

Died at

Hagerstown

Washington

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1910

4

14

Age

23

4

4

Sex

Female

Color or
Race

White

Birth-
place

Md

Occupation

Telephone Operator

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Daniel M. Startzman

Father's
Birthplace

Md

Mother's
Maiden Name

Lilly Startzman

Mother's
Birthplace

Md

Name of person giving
Information

"

"

How related
to deceased

Mother

CAUSES OF DEATH

28

Primary

Pulmonary Tuberculosis -

How long

no for 2 yrs

Immediate

✓

How long

no.

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

John E. Miller, Jr.

Address

Hag. Md

Accident or Suicide?

no

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

L Mathews
Rose Hill

Name
in
Full

Matilda R. Stickel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

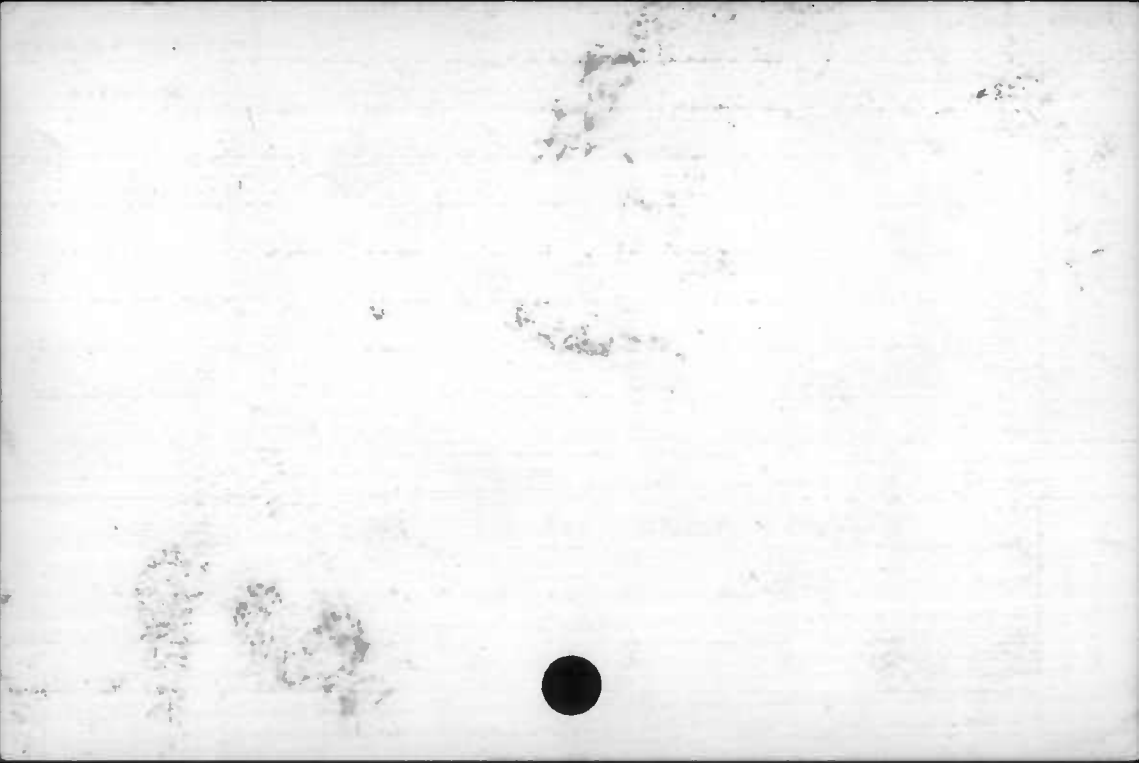
Died at		Town Williamsport		County Washington		MARYLAND	
Date of death 1940		Month 4	Day 21	Age 57	Years -	Months 7	Days 18
Sex Female		Color or Race White		Birth-place Williamsport			
Occupation Housekeeper		Where Residing if not at place of death 4					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Hiram K. Stickel		Father's Birthplace Frederick Co					
Mother's Maiden Name Amelia K. Albers		Mother's Birthplace Baltimore Md					
Name of person giving Information E. V. Stickel		How related to deceased Brother					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Valvular Heart Disease	How long Three years
Immediate	Heart Failure	How long Sudden
Are the name, age, sex, color, date and place correctly given above? yes.		Signature of Physician D. Richardson
Address Williamsport Md.		
Accident or Suicide		710



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Harry E. Stauffer*

Died at *Eldridge* ^{Town} *Washington* ^{County} *MARYLAND*

Date of death *1910* Month *4* Day *11* Age *41* Years Months *6* Days *10*

Sex *Male* Color or Race *White* Birth-place *md*

Occupation *Farmer* Where Residing if not at place of death *md*

Married, Single or Widowed *Married* Name of Wife or Husband *Lydia Shuff*

Father's Name *David T. Stauffer* Father's Birthplace *md*

Mother's Maiden Name *Elizabeth Harp* Mother's Birthplace *md*

Name of person giving information *Lydia Stauffer* How related to deceased *Wife*

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary *Chronic bronchial catarrh* How long *3 years*

Immediate *Pneumonia* How long *one week*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *O. W. Deane*

Address *Washington - Md*

Accident or Suicide? *No*

Effman

Rose Hill

to Rayan

A. K. Coffman

Name
in
Full

Mary Jane Swisher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death	1896	Month	mar	Day	11	Age	71
Sex		female		Color or Race		White	
Occupation		Housekeeper		Where Residing if not at place of death		State & Line	
Married, Single or Widowed		Widow		Name of Wife or Husband		Mary Jane Swisher	
Father's Name		David Pipe		Father's Birthplace		Maryland	
Mother's Maiden Name		Sant Brown		Mother's Birthplace		Maryland	
Name of person giving information		George Swisher		How related to deceased		Sons	

CAUSES OF DEATH

1184

PHYSICIAN
OR CORONER

Primary	Cholelithiasis	How long	4 months
Immediate	Exhaustion	How long	4 weeks
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		E. W. Palmer, M.D.	
Address		Greencastle Pa	
Accident or Suicide?			

W. S. B. Stech

Wunderst. Res.

Name
in Full

Margaret Gregory Taylor.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

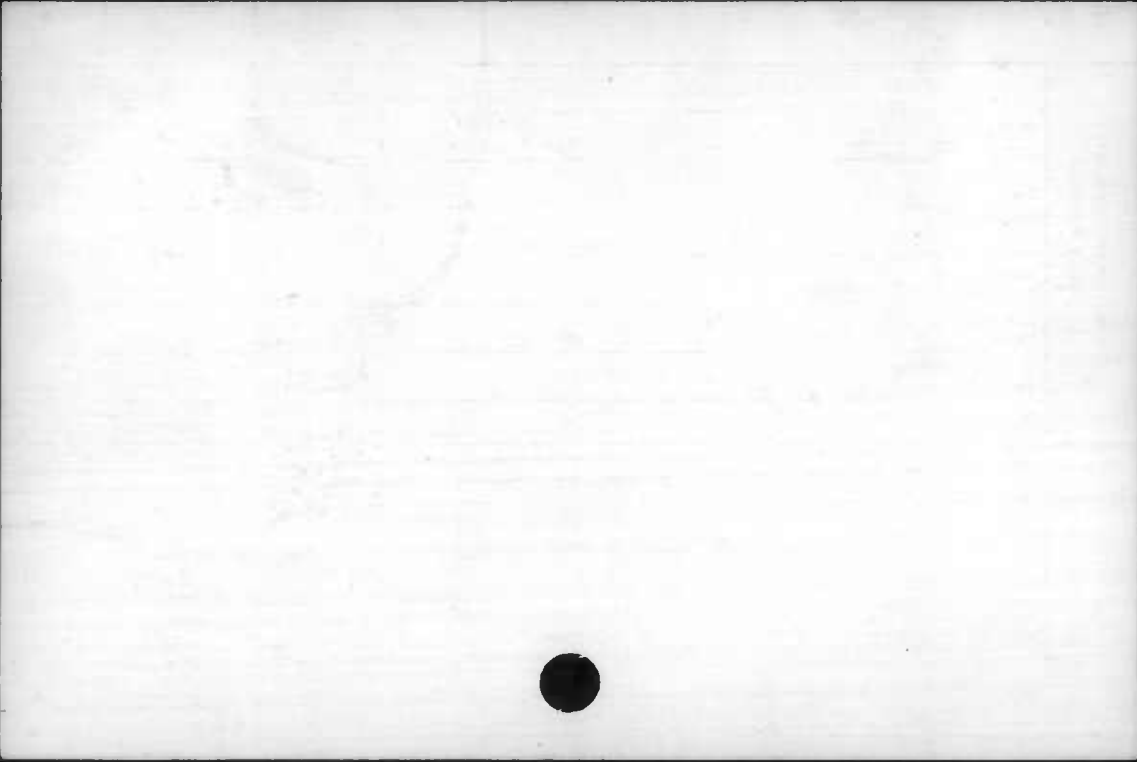
Died at		Town Hancock		County Washington		MARYLAND	
Date of death		Month Apr.	Day 3.	Age 75	Years	Months 8	Days 1
Sex Female.		Color or Race White		Birth-place Fulton Co Pa.			
Occupation Housewife.		Where Residing if not at place of death Died at Home.					
Married or Widowed		Name of Wife or Husband James H Taylor.					
Father's Name Moses Gregory		Father's Birthplace Fulton Co Pa.					
Mother's Maiden Name Mary D Hixon		Mother's Birthplace " " "					
Name of person giving information Alice Taylor Beachley.		How related to deceased Daughter.					

at her.

CAUSES OF DEATH

Primary	Pneumonia	How long	1 week
Immediate	Exhaustion	How long	1 week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Address	
No		J. A. Taylor Hancock	
Accident or Suicide		No	

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Albert-Edward Thomas		Town Keadysville		County Washington		MARYLAND	
Died at		Month 4		Day 18		Years 12	
Date of death 1900		Age 18		Months 12		Days 12	
Sex Male		Color or Race White		Birth-place Keadysville			
Occupation None		Where Residing if not at place of death Keadysville					
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name Guy Thomas		Father's Birthplace Sharpsburg					
Mother's Maiden Name Lillian Palmer		Mother's Birthplace Chicago Ill					
Name of person giving Information Guy Thomas		How related to deceased Father					

CAUSES OF DEATH

Primary	Pneumonia	(99) ✓	How long 3 days
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician F. M. Gurnett	Address Sharpsburg, Md.
Accident or Suicide	8		

PHYSICIAN
OR CORONER

LE Sumner & Son

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Fitzsholen Wallace

Town

County

MARYLAND

Died at Williamsport

Washington

Date

of death

1900

Month

4

Day

17

Age

Years

Months

Days

Sex

male

Color or
Race

Colored.

Birth-
place

Williamsport

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
Husband

X X

Father's
Name

Rev. Arthur Fitzsholen Wallace

Father's
Birthplace

St. Kitts. B.W.I.

Mother's
Maiden Name

Clara Elizabeth Pinkney

Mother's
Birthplace

Washington D.C.

Name of person giving
InformationArthur Fitzsholen
WallaceHow related
to deceased

Father

CAUSES OF DEATH

Primary

Still born

How long

—

Immediate

Still born

How long

—

Are the name, age, sex, color, date
and place correctly given above?

yes.

Signature of
Physician

W. Richardson

Address

Williamsport Md.

Accident or Suicide

No.

PHYSICIAN
OR CORONER

Williamstown. Md. April, 17th 1910.
Interment in Riverview Cemetery.
By J. F. Kreps, Undertaker.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Agnes Williams</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Hagerstown</i>		Month <i>April</i>		Day <i>2</i>		Years <i>26</i>	
Date of death <i>1910 April 2</i>		Months <i>—</i>		Days <i>—</i>			
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>md</i>			
Occupation <i>Domestic</i>		Where Residing if not at place of death. <i>C</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Alexandria Williams</i>					
Father's Name <i>Eli Barton</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace <i>Don't know</i>					
Name of person giving information <i>Alexandria Williams</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

63

PHYSICIAN
OR CORONER

Primary	<i>acute Ascending Paralysis</i>	How long	<i>3 days</i>
Immediate	<i>Cardiac Failure</i>	How long	<i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>A. B. Wilson</i>	
		Address <i>243 N. Jonathan St Hagerstown md.</i>	
Accident or Suicide? <i>no.</i>			

By J. J. J. J. J.

Holyday

A. K. Coffman

Name
in
Full

William O Witmer
Town County

CERTIFICATE OF DEATH

Died at Home bearings Washington MARYLAND

Date of death 1960 April 16 Age 2 Months 3 Days

Sex Male Color or Race White Birth-place Washington to and

Occupation None Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Martha Witmer Father's Birthplace Ind

Mother's Maiden Name Susan Burkett Mother's Birthplace Franklin to Pa

Name of person giving Information Franklin M Burkett How related to deceased Uncle

CAUSES OF DEATH

Primary Accidents How long 2 Weeks

Immediate None How long

Are the name, age, sex, color, date and place correctly given above? 2/20

Signature of Physician DCR Miller Address 7160000 + Dixie Pa

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

